Exploring Gender Perspectives in Population and Health Programs

WORKSHOP FINDINGS and RECOMMENDATIONS





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Interagency Gender Working Group
July 2002

ACKNOWLEDGMENTS

We would like to express our gratitude to the many dedicated professionals from USAID and from collaborating agencies who participated in the *Exploring Gender Perspectives in Population and Health Programs* workshops in 1999 and who were so generous in sharing their insights and experiences. In addition, this paper would not have been possible without the hard work and perseverance of many people in the Interagency Gender Working Group (IGWG). In particular, the authors would like to thank Ellen Starbird, chief of the Policy & Evaluation Division at the Office of Population at USAID, for her thoughtful reviews of the document drafts, and Britt Herstad, policy communication associate at the Population Reference Bureau, for her impeccable coordination of the publication process.

With this report, the authors hope to advance population, health, and nutrition (PHN) goals and promote gender equity by sharing these findings and recommendations with a wider audience and by broadening the dialogue on ways to better address gender considerations within PHN projects.

This publication was prepared with support from MEASURE *Communication* (HRN-A-000-98-000001-00), a project funded by the U.S. Agency for International Development (USAID).

ACRONYMS

CAs Cooperating Agencies
CSW Commercial Sex Workers
FGC Female Genital Cutting
FP Family Planning

FP/RH Family Planning/Reproductive Health

GAP Gender, Advocacy, and Policy Subcommittee of IGWG ICPD International Conference on Population and Development

IGWG Interagency Gender Working Group

MAP Men as Partners Initiative
MCH Maternal and Child Health
NGOs Non-Governmental Organizations

PATH Program for Appropriate Technology in Health

PHN Population, Health, and Nutrition
PRB Population Reference Bureau

RH Reproductive Health

STIs Sexually Transmitted Infections

USAID/G/PHN U.S. Agency for International Development Global Bureau Center for

Population, Health, and Nutrition

TABLE OF CONTENTS

PRE	EFACE	i∨
BA	CKGROUND	1
ME	THODOLOGY	2
FIN	IDINGS	3
REG	COMMENDATIONS	6
AN	INEX	
WC	ORKSHOP PROCESS	
	Small Group Instructions	A-1
	Guidelines for Plenary Discussion	A-2
	Small Group Materials	A-3
	Tool for Developing a Strategic FrameworkA	-10

PREFACE

Gender plays an important part in the achievement of population, health, and nutrition (PHN) program goals. As understanding and recognition of this has continued to grow, program managers have sought new and tested ways to effectively integrate gender considerations into the design of population and health programs. In 1997, the U.S. Agency for International Development Global Bureau Center for Population, Health, and Nutrition (USAID/G/PHN), in collaboration with its implementing and collaborating agency partners (CAs), established the Interagency Gender Working Group (IGWG). One of the IGWG's primary objectives is to assist PHN programs in improving gender sensitivity and strengthening their capacity to integrate gender into their projects and programs.

Early IGWG efforts focused on integrating gender during the design stage. Specifically, the IGWG Program Implementation Subcommittee developed a guide for USAID technical staff who design agreements and contracts: the *Guide for Incorporating Gender Considerations in USAID Family Planning and Reproductive Health RFAs and RFPs.* The USAID/G/PHN Office of Population has used this guide, published in October 2000, to assist in the design of several procurements in the past two years.

During this same period, the IGWG Gender, Advocacy, and Policy (GAP) subcommittee carried out activities to learn how project managers regard gender considerations in the context of their project frameworks and to develop tools to help managers to better incorporate gender into the design of their projects and programs. This paper documents these activities and the outcomes, focusing on the GAP workshops known as Exploring Gender Perspectives in Population and Health Programs. 1

The Exploring Perspectives workshops were inspired by the GAP study, Emerging Voices on Gender,² conducted in 1998. The study revealed, among other things, that USAID PHN projects were addressing gender from a variety of perspectives and that managers need tools to explore different gender perspectives and "operationalize gender" within the context of their projects and programs. The Exploring Perspectives workshops were developed to share the results from the Emerging Voices study and to explore ways to help designers of reproductive health (RH) projects consider gender as they developed project objectives, interventions, and evaluation criteria.

This paper describes the workshop methodology, summarizes findings from the workshops, and presents recommendations on integrating gender considerations into PHN project design. In 2000, lessons learned from the workshops were shared with selected USAID and CA stakeholders.

These lessons have also guided the IGWG's training efforts on gender and RH, as well as the development of such IGWG tools as The Guide for Incorporating Gender Considerations in USAID Family Planning and Reproductive Health RFAs and RFPs, and A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming, soon to be published by the IGWG Subcommittee on Research and Indicators.

¹ Hereafter, these workshops are referred to as Exploring Perspectives.

² Hereafter, this study is referred to as Emerging Voices.

BACKGROUND

When the IGWG was first established in 1997, members realized that they held different assumptions and perspectives on what "gender" means, what the IGWG should be doing to improve gender programming in the PHN sectors, and what program impacts could be expected as a result of a "gendersensitive" approach. In response, the GAP Subcommittee of the IGWG conducted the *Emerging Voices* study in 1998 to clarify some of these issues and to promote dialogue on ways to improve gender-sensitive programming.

For the study, GAP members interviewed 25 representatives from USAID/G/PHN and CAs and sought answers to the following questions:

- How is gender defined within the context of population and health programs?
- What are the key gender considerations?
- What are projects currently doing to address gender?
- What impact have these efforts had? What are the successes?
- What should we do to strengthen gender approaches?

The data revealed, among other things, several different perspectives on the integration of gender considerations into population and health programs and projects. These perspectives included:

PERSPECTIVE 1. Taking into consideration differences in power between women and men.

Women often do not act on their own. Others frequently have power over their decisions and actions. Projects will have a better chance of achieving desired results if they include from the outset those people who influence women's decisions and behavior. Sometimes achieving gender equity is not possible in a project, and project managers would do better in the short run to simply take the existing power structure into consideration.

PERSPECTIVE 2. Changing the power dynamics between women and men.

In contrast to the previous perspective, this perspective challenges the status quo. Improving male-female communication patterns and changing normative male-female interaction around sexuality can lead to improved RH for both women and men. In general, if women's status is improved, women are more likely to control their fertility and health. This perspective includes goals that aim to empower women and increase their control over RH decisions, and to change men's roles within the family or society, such as increasing their involvement in childrearing, pregnancy, and delivery.

PERSPECTIVE 3. Involving men in reproductive health issues and programs.

This perspective relates closely to the previous one, but focuses specifically on men and their roles as RH clients, as partners of clients, and as gatekeepers. Program interventions that follow this perspective create opportunities for men to support their partner's family planning/reproductive health (FP/RH) goals; increase contraceptive access for couples who want male methods; increase male access to RH services because they are geared to both men's and women's needs; and increase men's awareness of sexually transmitted infections (STIs) and HIV/AIDS.

PERSPECTIVE 4. Understanding the cultural basis of sexual and reproductive health behavior.

This perspective seeks to address specific, culturally prescribed RH behaviors that, from a public health perspective, may be harmful to women or men, including female genital cutting (FGC), the practice of dry sex, or certain male sexual initiation rites. The cornerstone of this perspective is the attention given to treating program beneficiaries as rational beings and to respecting cultural beliefs. Typically, interventions focus on community participation and empowerment.

PERSPECTIVE 5. Giving women a voice.

Women's effective participation in program design, management, and implementation is a prerequisite for successful RH programs, and as such should be promoted. Empowering women to have a voice in the program leads to more sustainable programs and interventions that better address women's needs.

Members of the USAID/G/PHN and CA community who were asked to comment on the study results suggested that these perspectives would be helpful in identifying explicit ways that gender can and should be incorporated into PHN programs. In order to further explore the ways in which PHN program managers address gender-related factors and to assess the potential usefulness of the five perspectives in incorporating gender into the design of PHN projects, the GAP subcommittee organized a series of workshops, titled Exploring Gender Perspectives in Population and Health Programs. These workshops aimed to answer the following questions:

Are the five perspectives that were identified in the Emerging Voices study valid and relevant to PHN projects? Do they

- help project managers think about and incorporate gender considerations into PHN project design? Are they easily understood?
- What are some ways that a gender perspective can (or should) be represented in the design of a PHN project? For example, does the gender perspective change the specification of expected results? Identification of the beneficiaries? Selection and design of interventions? Choice of partners? Project evaluation?
- What does a project that has been designed from a gender perspective look like? Do the different perspectives lead to significant differences in project design?
- What are the challenges to incorporating a gender perspective into the design of a PHN project? What would facilitate the process?

METHODOLOGY

The GAP subcommittee conducted three half-day workshops, in July, August, and October 1999, with USAID/G/PHN and Regional Bureau staff and representatives of the CA community. Senior-level USAID staff, as well as program managers and project directors from the CA community, were invited to the first two workshops. Twenty-five people attended the July workshop, and 44 attended the August workshop. Approximately one-half of the participants were from USAID. All members of the IGWG were invited to the October workshop, which was held in conjunction with the IGWG plenary meeting. There were 11 participants, most of whom were from the CA community.

The workshops began with a brief presentation of the results of the *Emerging Voices* study, highlighting the five perspectives on integrating gender into PHN programs. Par-

ticipants then were assigned to small groups and given the task of designing a district-level RH service delivery project. Each group was assigned one of the *Emerging Voices* perspectives and asked to incorporate that perspective into the project design.³

Groups were provided with instructions for the design task, a case description of the hypothetical country where the project would be implemented, additional information about their perspective, and a tool for developing a strategic framework for the project (see Annex). Groups were given 90 minutes to complete the task. As part of the task, each small group was asked to develop a strategic framework for the project design.⁴ In total, 13 small groups completed the task.⁵

The workshop concluded with each group's presentation of its design and a facilitated discussion of the results. GAP members served as workshop facilitators. They guided the small group process, served as resource persons on gender considerations, documented the group process, and led the opening and closing plenary sessions. (See Annex, Section 2, for the guidelines for plenary discussion.)

FINDINGS

The findings are based on the written output of each small group, facilitators' written observations of the small group process, plenary presentations and discussions (documented by the facilitators), and participant evaluations of the workshop.

The key findings are:

THE FIVE GENDER PERSPECTIVES HELPED TO FOCUS THINKING AND DEFINE GENDER OPERATIONALLY.

All of the groups appeared to understand their assigned perspectives, and few asked for clarification. While some participants commented that they felt restricted by only being allowed to include one perspective, most noted that the explicit perspectives made it easier for them to approach the task of incorporating gender concerns. One participant said, "I was surprised that it was as easy as it was to incorporate gender once we had a specific perspective." Others noted that if they had been given the task of designing the project simply from a "gender perspective" rather than a specific gender perspective, they would not have been able to provide as much detail in the design. Other comments were:

- "[The gender perspective] forces you to keep focused on gender in the context of the design."
- "The perspective makes you ask, 'How does the program affect the relationship between men and women, rather than just men and women.'"
- "The perspective makes people think about how to meaningfully interact with women, how to bring women into the picture."
- "The perspective allows us to think outside the box—forces a more thorough contextual analysis."

³ Participants in the July and August workshops were asked to design an in-service training project for mid-level service providers who deliver RH services in district-level health facilities. Based on feedback from these workshops that the project was too narrowly defined, the task was modified for the October workshop to include the design of a service delivery project for mid-level providers and others who deliver RH services in district-level health facilities.

⁴ Participants in the July workshop were asked to develop a framework that included a strategic objective, intermediate results, and activities. Again, based on feedback from the first workshop, this task was modified slightly for the subsequent two workshops; the August and October groups were given a strategic objective, "improved access and increased quality of RH services," and were asked only to specify intermediate results and activities.

⁵ Five small groups (one for each perspective) were convened in the July workshop. In August, six groups were formed; because of the larger number of participants, two groups addressed Perspective 2. In October, only two groups were formed, because of the small number of participants; the groups addressed Perspectives 1 and 2.

REPRESENTATION OF THE GENDER PER-SPECTIVE IN THE PROJECT DESIGN VARIED AMONG THE GROUPS.

All groups debated at length how the gender perspective should be represented in the project design. In particular, two interrelated issues dominated discussions:

- Where does the "gender" part of the program fit? How explicit does the gender perspective need to be? Should the perspective be articulated in a statement of the desired results or just represented in the interventions?
- Which set of objectives should have priority: health or gender/social equity? Can (or should) a program be designed to do both?

Eight of the 13 strategic frameworks included explicit references to the gender perspective in their results statements (i.e., strategic objectives or intermediate results). This typically was accomplished by including phrases such as "gender-sensitive care, services, and training"; "culturally sensitive"; "men's involvement"; or "men and women." Although no group explicitly defined these terms, most groups implicitly gave operational definitions through the list of activities that they identified to support the intermediate results.

The other five strategic frameworks did not explicitly mention gender in their results statements. Instead, the results specified components or characteristics of services that are typically associated with broader quality-of-care dimensions and are also considered gender-sensitive, such as improved counseling and availability of a broader mix of contraceptive methods. However, specific references to gender did appear in the activities identified by three of these five groups.

CONSIDERATION OF GENDER OVERALL AND THE SPECIFIC GENDER PERSPECTIVES ENTERED THE DESIGN PROCESS AT VARIOUS STAGES.

Different groups addressed the gender perspective at different stages in the design process. For example, some groups began the task by designing the core RH elements of the project and then altering them to incorporate the gender perspective. Others used the gender perspective to guide the design of the RH components. Most groups alternated throughout the design process between discussing the basic RH components and the gender considerations. The groups also alternated between developing results (strategic objectives and intermediate results) and identifying activities. There seemed to be no connection between when gender was considered in the design process and the content of the strategic frameworks (e.g., explicit reference to gender, or types of activities).

DIFFERENT GENDER PERSPECTIVES DID NOT RESULT IN SIGNIFICANT DIFFERENCES AMONG THE FRAMEWORKS OR OVERALL PROJECT DESIGNS.

In spite of these different approaches to the design process and the different gender perspectives, the project designs shared many similarities. With the exception of the two groups that were assigned the perspective on cultural norms, 6 nothing in the statements of results uniquely identified the perspective. Perhaps one reason why major differences among designs were not seen is that many groups expressed difficulty in focusing on one perspective only, and several (four of the 13 groups) purposely incorporated other perspectives in addition to their assigned perspective.

In particular, most groups (nine of the 13),

 $^{{\}it 6~Both~groups~explicitly~referenced~culture~(i.e.,~"culturally~sensitive"~and~"cultural~norms")}.$

considered gender-related issues and interventions in the context of client-centered and community-level issues and interventions during their discussions and in the elaboration of their project designs. Specific gender-related project elements that were common to several of the groups included:

- Attention to client-provider interaction, interpersonal communication, and counseling, including risk-assessment counseling;
- Importance of community participation in identifying gender considerations and designing projects;
- Community outreach from the health facility;
- Gender training and gender knowledge of providers;
- Gender-sensitive supervision and management, and sex composition of health facility personnel;
- Provider training in gender-based issues indirectly related to FP/RH, such as domestic (gender-based) violence, sexual abuse, and negotiation of sex and condom use;
- Linkages and referrals to other (non-RH) services to address gender;
- Expansion of service delivery by men and to men;
- Advocacy, dialogue, and networking;
- Services and outreach to special populations, including youth; and
- Better understanding of sexual practices and their meaning.

ADDRESSING GENDER CONSIDERATIONS WITHIN THE DEFINED SCOPE OF THE DESIGN TASK PRESENTED THE GREATEST CHALLENGE.

The majority of the groups expressed difficulty and frustration with the task of designing a gender-sensitive project that focused only on training of mid-level service providers (July and August workshops) or delivery of services by these providers (October workshop). As seen from the above list, many of the proposed project elements extended beyond the typical RH service delivery setting.

There are several possible and likely explanations for this response. First, participants represented a broad range of technical areas and experience in the international population and health field. Some participants were not familiar with training and service delivery program aspects, but were more conversant in other technical areas, such as management, communications, policy, and research. Second, the task may indeed have been too narrowly defined. However, USAID and CA partners are often asked to design and implement only one component of a larger country program, so the hypothetical task was not unrealistic.

In general, gender considerations were seen as extending beyond the service delivery and training setting, and, in some groups, were seen as more relevant outside this setting. This view led to considerable discussion and emphasis on the broader social, political, and cultural environment in which RH services would be provided. It also spawned debate regarding the orientation and selection of project activities; for example, what gender-related activities are within the manageable interest of a project that is supposed to focus primarily on RH service delivery?

These findings, backed by recommendations from workshop participants, suggest that while RH project managers from USAID and collaborating agencies are knowledgeable about a wide range of issues related to gender in RH programs, they are less conversant in operationalizing those issues within a more narrowly defined RH program context.

The five *Emerging Voices* gender perspectives helped workshop participants integrate gender into operational project designs, but the task was still a challenge.

RECOMMENDATIONS

Based on these findings and observations from the *Exploring Perspectives* workshop series, the GAP Subcommittee recommends the following approaches in integrating gender into PHN project design.

USE DIFFERENT GENDER PERSPECTIVES TO HELP DEFINE GENDER OPERATIONALLY WITHIN A PHN PROGRAM AND TO FACILITATE AGREEMENT ON EXPLICIT ASSUMPTIONS ABOUT GENDER AND PROJECT OBJECTIVES.

The five *Emerging Voices* perspectives can be used effectively as a starting point for dialogue and building consensus. Case studies of projects that exemplify these and other perspectives should be documented, analyzed, and shared to improve understanding of these perspectives and related program approaches.

ENCOURAGE, BUT DO NOT REQUIRE, SPECIFICATION OF GENDER ELEMENTS IN THE STRATEGIC FRAMEWORK.

Explicit reference to gender at the strategic objective or intermediate result level need not be a prerequisite for designing a gendersensitive project. However, the gender components must be made explicit somewhere in the project description, e.g., in the assumptions, the specification of the approach or activities, or identification of the indicators or desired results. A gender design tool that offers a process for reaching agreement on how to represent the gender components explicitly in the statement of the project design should be developed.

IDENTIFY GENDER CHALLENGES AND OPPORTUNITIES AS A WAY OF INTEGRATING GENDER INTO THE LARGER PROJECT DESIGN.

Several workshop groups used the technique of classifying identified gender considerations as challenges (or constraints) to and opportunities (or strengths) for achieving project goals. This helped the groups see where the gender components fit into the larger scheme. It also helped them to see that gender-related issues are not always constraints. Sometimes gender norms create opportunities to address RH issues that are difficult to address directly. For example, one group noted that forming partnerships with networks and organizations that focus on improving gender equity in other sectors, such as business and agriculture, could broaden support for RH programs.

PROVIDE GUIDANCE ON DEVELOPMENT OF GENDER-SENSITIVE INDICATORS.

Inclusion of such indicators in the monitoring and evaluation plan would ensure that the gender components of the project are systematically tracked and included in reports. A set of illustrative indicators that are linked with typical PHN results would provide designers with a starting point for developing their own project-specific indicators.⁷

STRENGTHEN PROJECT CAPACITY TO IDENTIFY GENDER CONSIDERATIONS AND GENDER-SENSITIVE INTERVENTIONS WITHIN THE KEY PHN TECHNICAL AREAS, INCLUDING TRAINING/PROVIDER PERFORMANCE, SERVICE DELIVERY, POLICY, RESEARCH, AND COMMUNICATIONS.

Workshop participants found it difficult to consider gender within a more narrowly defined project. Consequently, a tool or training aid that facilitates identification of gender considerations relevant to each technical area could be helpful to project designers.

⁷ A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming, soon to be published by the IGWG Subcommittee on Research and Indicators, includes a set of illustrative indicators and outlines a process for selecting appropriate indicators through identification of gender-related obstacles to achievement of PHN goals.

ENCOURAGE DIVERSITY IN THE DESIGN TEAM.

Representatives from different technical areas, as well as gender specialists and local partners, can greatly enhance the design process.

INCLUDE A GENDER ASSESSMENT.

The information provided to workshop participants from the fictitious gender assessment was essential to their understanding the gender considerations in the specific context. Many groups noted, however, that additional information was needed and that this information should come from local stakeholders. If the gender assessment is conducted as formative research (i.e., employs a participatory process), it can also serve to sensitize project stakeholders to gender-related issues. The assessment should be made at various programmatic

levels, especially at the community or societal level. For example, if the project focuses on provider training, the assessment should include identification of issues at both the training and community levels, including gender considerations indirectly related to FP/RH programs.

IDENTIFY OPPORTUNITIES FOR LINKING THE FP/RH PROJECT WITH OTHER PROJECTS WITHIN AND OUTSIDE OF THE FP/RH SECTOR.

Several groups highlighted the importance of linking with other projects working to promote gender equity, noting that PHN projects could not take on sole responsibility for larger gender goals. The project design should then specify expected outcomes of these linkages. Representatives from these projects should be included on the design team.

ANNEX

WORKSHOP PROCESS:

INSTRUCTIONS, GUIDELINES, AND MATERIALS

The workshop groups were given instructions for the design task, a case description of the hypothetical country where the project would be implemented, additional information about their perspective, and a tool for developing a strategic framework for the project.

1 SMALL GROUP INSTRUCTIONS

Overall Goal

To improve the provision of family planning and reproductive health (FP/RH) services.

Strategic Objective (not provided for the July workshop)

Improved access and increased demand for quality RH services.

Task (July and August workshops)

Design an in-service training program for mid-level providers (nurses, health assistants, and counselors) who deliver RH services in district-level health facilities. The program should explicitly take into consideration your assigned gender perspective and preliminary assessment results, and it should focus primarily on improving the quality of care in FP services. Assume that this is a USAID-funded project and that you have sufficient resources to implement your design.

Task (October workshop)

Based on the case study, design a service delivery program for mid-level providers (nurses, health assistants, and counselors) and others who deliver RH services in district-level health facilities. The program should explicitly take into consideration your assigned gender perspective and preliminary assessment results, and it should focus primarily on improving access to and quality of care in RH services. Assume that this is a USAID-funded project and that you have sufficient resources to implement your design.

PROGRAMMATIC OUTPUTS

- Results framework (strategic objective and intermediate results)
- Assumptions (and additional information you need)
- Beneficiaries
- Implementing partners and their roles
- Key activities or interventions (and description of your approach)
- Indicators for strategic objective and intermediate results (as time permits)

PROCESS OUTPUTS

- Assessment of this perspective: What are the benefits and challenges of taking this perspective?
- Comments on the process: How did you start? What additional information did you need? What were the easiest aspects of this process? What were the most difficult? Did you learn anything? If so, what? Do you have any recommendations for project designers who want to incorporate gender into their designs?

PRESENTATION OF YOUR DESIGN

Please use the strategic framework's overhead transparencies (or flip-chart paper) to summarize your outputs. Be prepared to present your outputs from Part 1 to the plenary. Each group will have 10 minutes to report. We will discuss outputs from Part 2 during the plenary group analysis session.

GUIDANCE

- If you need more information about the case and feel you are stuck, make an assumption about the situation, explicitly state that assumption, and, if necessary, propose a plan for verifying the assumption (i.e., gathering additional data) as part of the project design.
- Each team has a GAP member who is there to help if you have questions about the process or our expectations.
- Cover as many outputs as you can in the allotted time. If you don't get to all of them, don't worry!
- The strategic objective has been provided (for the August and October workshops) so that you can focus your energies on lower-level activities. However, you have the flexibility to change it in any way if it is too limiting.
- We recommend that the group spend 60 minutes working on the design of the project (Part 1) and the remaining 30 minutes preparing to report and processing the work completed (Part 2).

GUIDELINES FOR PLENARY DISCUSSION

The plenary discussion may follow the following format:

- Presentations by small groups
- Analysis/comments on the presentations/outputs

- Similarities across perspectives (record on flip chart)
- Differences across perspectives (record on flip chart)

Other comments (record on flip chart):

- Are the designs realistic and feasible?
- If so, why aren't we doing this now? What are the constraints? What can we do to promote gender-sensitive design? To overcome the constraints? What is needed?
- If not, what is realistic? What can we do?

3 SMALL GROUP MATERIALS

Case Description

The country in which this program will be implemented recently conducted research to examine quality of services. These surveys show that information and counseling services, as well as referral and follow-up care, are particularly weak. Contraceptive choices are often "predetermined" in the community by peer influence and husbands' attitudes toward certain methods. Many clients are affected by the country's HIV/AIDS epidemic, which is spread primarily through heterosexual sex. Of the 25 million people in the country, nearly 1.5 million people are infected with HIV. The fastest-growing HIV population is women. The age group most affected by AIDS is people ages 15 to 50. The epidemic poses a serious threat to future economic and social development.

Other Facts

EDUCATION

- Literacy rate: 38 percent of women, 57 percent of men
- Completed secondary education: 8.7 percent of women, 13.4 percent of men

HEALTH

- Current use of modern contraceptives (married women): 15.8 percent
- Current use of any contraceptives (married women): 23.4 percent
- Average number of children (total fertility rate): 5.1
- Child mortality rate (under five years): 113 deaths per 1,000 live births
- Maternal mortality rate: between 600 and 700 deaths per 100,000 live births
- Strong cultural preference for sons
- Sexual initiation for males occurs around age 14

ECONOMICS

- More than 75 percent of the population depends on subsistence farming
- Formal labor force participation: 29 percent women, 60 percent men
- Gross national income per inhabitant: \$300

HEALTH CARE SYSTEM

- Services are concentrated in urban areas: one doctor per 23,000 people and one hospital per 20,000 people
- Almost two-thirds of health facilities are operated by the government
- Current service provision is geared primarily toward women through maternal and child health (MCH)/FP clinics

OTHER

- Government: authoritarian democracy
- Major religion: Christianity/indigenous faiths

KEY RESULTS FROM GENDER ASSESSMENT

- Men feel uncomfortable accessing RH services.
- Sex negotiation among unmarried partners is uncommon. Women are not taught to verbalize their sexual intentions openly, and fear being perceived as promiscuous if they do so. More than 90 percent of women and 78 percent of men say they have never discussed sexual matters with anyone other than their partner.
- Polygamy is practiced in 24.6 percent of households (reported by men); it is acceptable and normative for men to have more than one partner.
- It is commonly believed that women should not refuse sexual relations with their husbands.
- Men feel that women should take responsibility for FP because they are the ones who endure childbirth, while women complain that their husbands prevent them from practicing FP.
- At marriage, women become the property of their husband's household.
- Between 40 percent and 50 percent of both men and women report household violence and acknowledge men's right to express violence toward their wife or sexual partner.
- In a study of HIV-positive women, women noted economic reasons as justification for having sex with someone other than their husband.
- "Dry sex" is commonly practiced. There is a strong cultural preference for a tight/dry vaginal canal that results in greater friction during intercourse. Women achieve this by inserting various herbal drying agents into the vagina. The increased friction is believed to cause vaginal lesions and abrasions that may facilitate the transmission of STI/HIV. This practice also has implications for the acceptability of spermicides and microbicides.

Perspectives

PERSPECTIVE 1: Taking Into Consideration Differences in Power Between Men and Women

KEY POINTS

This perspective

- Recognizes that women often do not act on their own;
- Encourages projects to include from the outset those people who influence women's decisions and behavior;
- Allows projects to address gender norms in the short run by simply taking into consideration the existing power structure, particularly where the pursuit of equity in gender power dynamics seems unlikely or would require more time and resources than are available; and
- Works within the parameters of the status quo.

PROJECT EXAMPLE

One project that has taken this gender-sensitive approach is the condom distribution strategy in Thailand (conducted by Family Health International and the Thai government) that involved brothel owners. The goal of the program was to prevent HIV transmission by increasing condom use by commercial sex workers (CSWs). At first, the project worked only with CSWs, providing them with education, training, and condoms. Although these efforts were successful in educating CSWs, condom use remained low. Program staff went back to discuss this with CSWs and realized that sex workers were having difficulty negotiating condom use with their clients. This was an example where information and commodities were not sufficient to change behavior and increase condom use: CSWs did not have the power to demand condom use from their clients.

After identifying male brothel owners as the group with the power to influence clients' effective use of condoms, the program staff changed its intervention strategy. Refocused education and advocacy with the brothel owners resulted in their cooperation with a policy requiring all clients to use condoms. Because almost all brothels in the area agreed to implement this condom-only policy, there was no competition from other brothels, and CSWs were able to insist on condom use. The program recognized the gender power dynamics and, realizing it could not immediately change CSWs' low status, approached those who could advocate on CSWs' behalf.

As a result, the program was successful in achieving more than 98 percent condom use. A nearby district that did not take this approach of working with brothel owners maintained significantly lower condom use rates.

HYPOTHETICAL EXAMPLE

A program that focuses on preventing obstetrical complications in women not only would educate women about the signs of pregnancy complications, but also would reach out to their partners and in-laws, because these family members are likely to have higher status in household decisionmaking. It is crucial to recognize that women may not be allowed to make health care decisions or may not have control over financial resources and transportation. A program would seek to educate those in power positions about the signs of complications and encourage them to identify contingency plans in case of an emergency.

PERSPECTIVE 2: Changing the Power Dynamics Between Women and Men

KEY POINTS

This perspective

- Contrasts with Perspective 1 in that it does challenge the status quo;
- Focuses on either men or women, depending on which group is disempowered in a particular situation and, therefore, forced into a behavior that puts them at a RH risk;
- Recognizes that, in general, if women's status is improved, they are more likely to control their fertility and health;
- Focuses on male-female communication patterns and changing normative male-female interaction around sexuality; and
- Goes beyond giving women a voice and attempts to empower women by giving them more control over RH decisions or changing men's roles within the family or society, e.g., greater involvement in childrearing, pregnancy, and delivery.

PROJECT EXAMPLE

The social marketing intervention in Tanzania (conducted by Population Services International) attempted to change the power dynamics or imbalances between men and women. One of the posters used in the campaign portrayed a woman in a bar initiating condom use, which is not a common behavior. Because Tanzanian women are generally discouraged from initiating condom use, the project saw this as an opportunity to introduce a new contraceptive behavior with the potential to change gender communication patterns regarding sexuality.

HYPOTHETICAL EXAMPLE

Physicians occupy leadership positions in RH service delivery, and in developing countries most physicians are men. In contrast, women commonly serve as nurses and in other auxiliary positions with less authority and decisionmaking power. As a result, women are disproportionately underrepresented in the management and daily operation of many health facilities. In order to change these power dynamics, a project might promote the entry of women into medical schools or other postgraduate study, such as public health administration, and support their graduation and job placement. Alternatively, a project might institute mechanisms for broader and equal participation in institutional leadership and decisionmaking by mid-level providers, many of whom are women, thus creating opportunities for them to influence RH service delivery.

PERSPECTIVE 3: Involving Men in Reproductive Health Issues and Programs

KEY POINTS

This perspective

- Involves men in their roles as clients, as partners of clients, and as gatekeepers;
- Creates incentives for men to support their partner's FP/RH goals;
- Increases contraceptive access for couples who want male methods;
- Increases male access to RH services because they are geared to both men's and women's needs; and
- Gives men an opportunity to become aware of STIs and HIV/AIDS.

PROJECT EXAMPLE

One project that incorporates this gender perspective is the Men as Partners (MAP) initiative (conducted by EngenderHealth—formerly AVSC International). The MAP initiative undertook a series of research activities, workshops, and on-site technical assistance, reflecting the worldwide agreement—reached at the International Conference on Population and Development (ICPD) in Cairo and reaffirmed at the Beijing conference—that health care providers should educate and enable men to share more equally in responsibility for FP and the prevention of STIs.

Advocacy is one of the activities of the MAP initiative. In order to raise awareness and advocate for work with men as partners in RH, MAP convened a number of meetings at the international, regional, and country levels. These events allowed donors, policymakers, researchers, and program managers to come together to share research findings, explore programmatic strategies, and develop future activities related to male involvement.

At one such meeting, one reproductive health specialist who works on men's participation in RH issues and programs stated,

"Since men are not socialized to seek health information, they are more likely to deny women access to services—because they lack knowledge, not because they object to the services. Increasing men's knowledge of their own and their partners' health status and needs has a direct bearing on women's well-being. In addition, male RH services have an effect on management of STIs, effective condom use, and reduction of domestic violence."

HYPOTHETICAL EXAMPLE

In order to incorporate this gender perspective, a project would explicitly seek to increase men's RH knowledge and contraceptive behavior by providing work-site services. Such a project would identify men's own RH needs, treat men as potential FP users, and make services available in a location that was easily accessible.

PERSPECTIVE 4: Understanding the Cultural Basis of Sexual and Reproductive Health Behavior

KEY POINTS

This perspective

- Refers to very specific culturally prescribed RH behaviors that, from a public health perspective, may be harmful to women or men—for example, female genital cutting (FGC), dry sex, or certain male sexual initiation rites;
- Gives the opportunity for community participation, empowerment, and sustainability while achieving desired results; and
- Treats program beneficiaries as rational beings and respects cultural beliefs.

PROJECT EXAMPLE

The FGC project in Kenya (conducted by Program for Appropriate Technology in Health [PATH]) promotes alternative rituals to FGC. The project first recognized that FGC serves a cultural function, marking a young girl's transition to adulthood, and that it could not be effectively eliminated unless another practice were offered. The project staff and community members (including women, men, elders, and traditional excisors) together developed an alternative ritual, which is a home-based celebration. This "circumcision by words" involves the traditional excisors and replaces the cutting while retaining the cultural function of publicly recognizing a girl's passage. Instead of making FGC illegal or imposing a law, the project approached the community in a collaborative manner to decide which unhealthy aspects of the ritual should be eliminated and which positive elements should be kept. This new practice was an empowering intervention for the girls and the traditional excisors and was also acceptable to the community at large.

HYPOTHETICAL EXAMPLE

An example of a project that would benefit from this perspective would be one that focuses on birth rates or unmet need for family planning. Such a project might increase its acceptability and sustainability by working with a community to understand the cultural basis for large families before providing community members with information about the negative health consequences and economic disadvantages of high birth rates.

PERSPECTIVE 5: Giving Women a Voice

KEY POINTS

This perspective

- Establishes women's empowerment and participation as prerequisites for successful RH programs;
- States that, in order to address women's needs and have more effective and sustainable interventions, the project should involve women in its design, implementation, and dissemination; and
- Challenges women's lower status in decisionmaking.

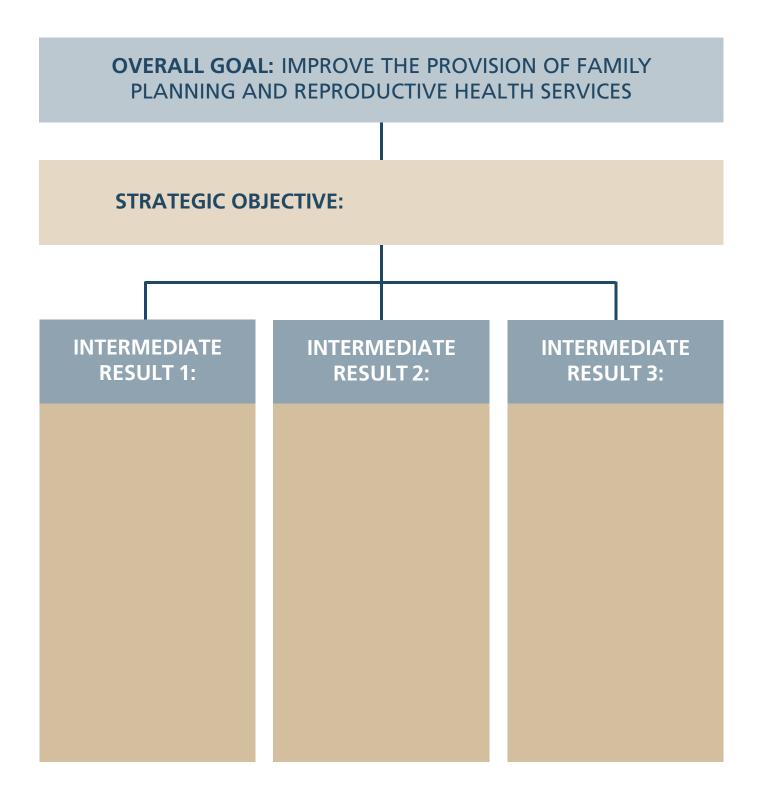
PROJECT EXAMPLES

This gender perspective is being employed in the POLICY Project's work in such countries as Turkey, Romania, and Guatemala. The goal of the project, which is being conducted by the Futures Group International, is to strengthen the advocacy capacity of women's non-governmental organizations (NGOs). Through the transfer of appropriate skills and the creation of legitimate spaces for participation, women's groups have played a more influential role in policy dialogue, formulation, and implementation.

Another example is Family Health International's Women's Studies Project, which seeks to involve women in the research process—design, implementation, and dissemination—as well as in the research agenda. Such direct participation of women in research is instrumental in investigating women's FP experience in the larger context of their lives: as individuals, as family members, and as participants in the larger community.

Yet a third example is the Population Reference Bureau's (PRB) Women's Edition program, which works with women journalists around the world to improve their ability to cover important RH issues effectively. The journalists participate in seminars where they explore population, health, and nutrition topics significant to women in their countries, and are provided with in-depth resources for stories. As a result of the project, women's professional skills are enhanced, while important women's health and rights topics are addressed in the national and local media.

TOOL FOR DEVELOPING A STRATEGIC FRAMEWORK



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